

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2010  
FORM APPROVED  
OMB NO. 0938-0391

45th 8/01/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  44A114	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  06/21/2010
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NAME OF PROVIDER OR SUPPLIER

LAKESHORE HEARTLAND

STREET ADDRESS, CITY, STATE, ZIP CODE

3025 FERNBROOK LANE  
NASHVILLE, TN 37214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 025 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined, the facility failed to maintain the smoke and the fire barriers as required. National Fire Protection Association (NFPA) 101, 8.3.6.1.</p> <p>The findings included:</p> <p>On 6/21/10 at 10:00 PM observation within the ceiling area above resident room 309 entry door revealed there was a penetration around the 8" by 5" duct in the fire/smoke corridor wall.</p> <p>The deficiency was verified by the maintenance director and later acknowledged by the Administrator during the exit interview on 6/21/10.</p>	K 025	<ol style="list-style-type: none"> <li>On 06/22/10, the penetration above the duct was sealed by an outside contractor.</li> <li>On 06/23/10, the maintenance assistant inspected for penetrations on smoke barriers on all floors. No issues were found.</li> <li>Inspections will occur quarterly regarding this issue.</li> <li>The maintenance assistant will inspect the facility quarterly, and the Environmental Services Director will audit the quarterly inspections for 3 quarters and cease monitoring if no issues are found.</li> </ol>	07/13/10
K 066 SS=C	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids,</p>	K 066		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Judy Srench*

TITLE

Administrator

(X6) DATE

07/07/10

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  <b>LAKESHORE HEARTLAND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3025 FERNBROOK LANE NASHVILLE, TN 37214</b>		
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K 066	<p>Continued From page 1</p> <p>combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on inspection during the survey, it was determined, the facility failed to maintain the smoking regulations as required. National Fire Protection Association (NFPA) 101, 19.7.4.</p> <p>The findings included:</p> <p>On 6/21/10 at 9:30 PM observation within resident room 412 revealed there was 'NO - SMOKING' sign at the door of a room where oxygen was in use.</p> <p>The deficiency was verified by the Maintenance Director and later acknowledged by the Administrator during the exit interview.</p>	K 066	<ol style="list-style-type: none"> <li>1. On 06/23/10, the administrator placed the oxygen sign on the resident's door.</li> <li>2. On 06/23/10, the doors of all residents who are on oxygen were monitored and all were found to have signs.</li> <li>3. On 06/23/10, the central supply clerk was in-serviced regarding this issue. She will place bags with oxygen tubing and an oxygen sign on all oxygen concentrators. Nursing staff were in-serviced regarding this new procedure.</li> <li>4. QA rounds will be conducted daily by the administrative nursing staff. The central supply clerk will audit weekly all rooms of residents who are on oxygen for the oxygen signs. The Director of Nursing will conduct random audits of this issue for 3 months and will cease the audits if no exceptions are found.</li> </ol>	07/13/10	
K 067	NFPA 101 LIFE SAFETY CODE STANDARD	K 067			

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K 067 SS=B	<p>Continued From page 2</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on inspection during the survey, it was determined, the facility failed to maintain the heating ventilation and the cooling system as required. National Fire Protection Association (NFPA) 90A; 90B-4; 101, 19.5.2.6.1.</p> <p>The findings included:</p> <p>On 6/21/10 at 9:25 PM observation within the main mechanical room in the basement area revealed, the insulation cover on the duct was hanging loose.</p> <p>The deficiency was verified by the Maintenance Director and later acknowledged by the Administrator during the exit interview.</p>			K 067	<ol style="list-style-type: none"> <li>1. On 06/22/10, the Environmental Services Director reattached the insulation cover to the duct.</li> <li>2. On 06/23/10, HVAC ducts were inspected by the maintenance assistant and no other issues were identified.</li> <li>3. The HVAC ducts will be inspected quarterly by the maintenance assistant.</li> <li>4. The Environmental Services Director will monitor the HVAC duct inspections for 3 quarters and cease monitoring if no issues are found.</li> </ol>		07/13/10
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on inspection during the survey, it was determined, the facility failed to maintain the electrical system as required. National Fire Protection Association (NFPA) 70, 13(a).</p>			K 147			

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K 147	<p>Continued From page 3</p> <p>The findings included:</p> <p>On 6/21/10 at 9:30 PM observation within the dietary area revealed a loose electric receptacle outlet.</p> <p>2. At 9:40 PM observation within the MDS office area revealed a hanging power-strip on the north wall.</p> <p>The deficiency was verified by the Maintenance Director and later acknowledged by the Administrator during the exit interview.</p>	K 147	<ol style="list-style-type: none"> <li>1. On 06/22/10, the outside electrical contractor, who had just installed the electrical outlet, re-secured the electrical receptacle outlet properly to the wall. On 06/22/10, the Environmental Services Director mounted the power strip in question to the wall.</li> <li>2. On 06/25/10, the maintenance assistant inspected the building for loose electrical receptacle outlets and improper use of power strips. One additional power strip required mounting.</li> <li>3. The maintenance assistant will inspect the facility quarterly for deficiencies.</li> <li>4. The Environmental Services Director will monitor the inspections for 3 quarters and cease monitoring if no issues are found.</li> </ol>		07/13/10

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